

**CORRESPONDENCE
ADDRESS
INDICATION FORM**

Address to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please recognize the following address as the correspondence address:

☒ Customer Number 00758

OR

Type Customer Number here

☐ Request for Customer Number (PTO/SB/125) submitted herewith.

in the following listed application(s) or patent(s):

Patent Number
(if appropriate)

Application Number

Patent Date
(if appropriate)

U.S. Filing
Date

10/696,507

October 29, 2003

Typed Name

Robert A. Hulse

Signature

/Robert A. Hulse/

Date

June 14, 2006

Address of signer: Fenwick & West LLP
Silicon Valley Center
801 California Street
Mountain View, CA 94041
Tel.: (415) 875-2444
Fax.: (650) 938-5200

(check one)

☐ Applicant or Patentee

☐ Assignee of record of the entire
interest. Statement under
37 CFR 3.73(b) is enclosed.
(Form PTO/SB/96)

☒ Attorney or Agent of record

48,473
(Reg. No.)

NOTE: Signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.